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To: Stacy Thompson Page 5 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:50 FAX 2024429430

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
	:	09G145	B. WING	<u> </u>	07/02	2/2008
NAME OF P	ROVIDER OR SUPPLIER HOMES		49	EET ADDRESS, CITY, STATE, ZIP COU MO ARKANSAS AVENUE, NW VASHINGTON, DC 20012	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Atement of deficiencies Y MUST be preceded by full LSC identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 000		survey was conducted from uly 3, 2008. The survey was	W ooo	pecenied	dalos	
	initiated using the however, due to re Active Treatment survey was condu. A random sample from a residential client in the sample mental retardation, and the with severe mental.	fundamental survey process; epeated deficiencies under and Facility Staffing a full		GÖVERNMENT OF THE DEPARTMENT HEALTH REGULATION	DISTRICT OF CO TOFHEALTH ON ADMINISTRA	TION
W 126	observations at the staff interviews at program, review of records to include reports and policie 483.420(a)(4) PRGRIGHTS The facility must e Therefore, the factor manage their fire	s survey were based on a residence and day program, both the group home and day f clinical and administrative the facility's unusual incident is. DTECTION OF CLIENTS Insure the rights of all clients in ancial affairs and teach them ent of their capabilities.	W 126			
	Based on interview Retardation Profest facility failed to en- allowed and encou	is not met as evidenced by: vs with the Qualified Mental saional and record review, the sure the rights of client #3 to be traged to manage the financial sught to do so to the extent of	:		·	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other saleguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are siled, an operated in a provided in provided in the patients are made available to the facility. If deficiencies are siled, an operated in the facility of the date these documents are made available to the facility. If deficiencies are siled, an operated in the facility of the facility To: Stacy Thompson Page 6 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

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07/23/2008 01:50 FAX 2024429430

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) FROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	Y BRITDI (XX) WRT.	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
} 		09G14 5	B. WING		07/02/2008
NAME OF P	ROVIDER OR SUPPLIER HOMES		Ì	REET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, MW WASHINGTON, DC 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE COMPLETION
W 126	Continued From pa		W 126		
W 153	The Interdictiplinan financial objective for learning to handle his poter on July 1, 2008 at 3 required total mana Although there was evidence attempts his in overcoming be	team failed to establish a or client #3 to assist him in is financial affairs and to tials. Interview with the QMRP :50 PM revealed that client #3 gement for handling finances an assessment, there was no had been made to assist client	W 153	W 126 The interdisciplinary tean 8/5/08 to establish a final objective for client #3.	m met on açial
	mistreatment, negle injuries of unknown immediately to the a	sure that all allegations of or abuse, as well as source, are reported idministrator or to other ce with State law through ires.		W 153 The QMRP was retrained on	7/23/08
	Based on interview Retardation Profess investigative report, other officials in acc	not met as evidenced by: with the Qualified Mental lonal and review of the the facility falled to report to ordance with State law procedures for client #4.		7/23/08 on proper notification procedures of incidents to the administration and other offic accordance with State law for District of Columbia.	ials in
:	The findings include	:			
	while out in the com group. The client wa hour search involvin unharmed; it was de	ient #4 could not be located munity with his day program as located after a "twelve" g the police and was located itermined that the incident and to the state agency at the			

To: Stacy Thompson Page 7 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:51 PAX 2024429430

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDINK	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		09G145	B. WING _		07/02/2008
NAME OF P	RÖVIDER OR SUPPLIER HOMES		41	EET ADDRESS, CITY, STATE, ZIP CODE 810 ARKANSAS AVENUE, NW /ASHINGTON, DC 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AP DEFICIENCY)	10ULD BE COMPLETION
W 159	RETARDĂTION PE Each client's active integrated, coordina qualified mental ret	ROFESSIONAL treatment program must be ated and monitored by a cardation professional.	W 159		
	Based on observat staff, and the Quali Professional (QMR that client's active tinterventions were coordinated and methe protection of clients in the sample			W 159 The QMRP and direct care state were retrained on client active treatment integration, coordinand monitoring.	:
	ensure that client # needs were addres following: Client #2's speech 26, 2007 was revie AM. The assessm following: (a) contin gestures, and Merc the extent that he is communications; (to on effective use of and the SLP or des	e: N227] The QMRP failed to 3 assessed communication sed as evidenced by the assessment dated November wed on July 2, 2006 at 8:30 ent recommended the nue to use his sign language, cury Communication Device (to s able) for functional b) continue to receive training the Device at his day program signated trainer should provide aff with weekly updates on his		 The QMRP will devertraining program to address client #2's communication deviwell as to have a scrapbook with picture family, friends for enhancement purpos 8/8/08. The QMRP will insert care staff on recommendations ou in client #3's speech language assessment 8/8/08. 	ce as tree of es by ervice attine and
	progress (including level, etc.); (c) learn and the pictures on should make print of	target vocabulary, and skill to match pictures with objects his device. Day program buts of the pictures on his o device training in the home.		3. The QMRP will mal modifications to clie objective and in-serv direct care staff on modifications by 8/8	nt#2's rice

To: Stacy Thompson Page 8 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

Aug 06 2008 4:29PM

07/23/2008 01:51 FAX 2024429430

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) FROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE GONSTRUCTION	(x3) DATE SUR COMPLETE	
		089145	B. WING		07/02/	2008 _
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
MARJUL	HOMES			4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 159	The picture screen pictures; (d) reside to support and fact	age 3 should be reduces to 2-3 ntial providers should continue litate his use of the device by charging, setting up, and	W 15	9		
	activating the device communication; (e training on a goal training of the conference of the records failed	es for functional) should receive support or use photographs-symbols to at communications system; and should provide client with a fures of family, friends at familiar locations during or enhance. to reflect that the QMRP and program to address the				
W 189	trained to impleme in client #3's speed [Refer to W189] 3. The QMRP falls objective enterions revision. [Refer to V483.430(e)(1) STA The facility must prinitial and continuir employee to perforefficiently, and continuir employee to perforefficiently, and continuit statement of the STANDARD Based on review of failed to provide do	FF TRAINING PROGRAM TO VICE each employee with g training that enables the from his or her duties effectively, spetently. It is not met as evidenced by: If the training record, the facility scumented evidence of staff competency in performing their	W 18	The administration has revisited its training program and each staff at this facility will be retrained on job performance duties by 8/8/0 additionally the administrationally the administration will ensure that each employ receives continuous training each quarter or as needed batto enable each employee to effectively and competently perform his/her duties.	8; on ee	8/8/08

To: Stacy Thompson Page 9 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:52 FAX 2024429430

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPI A. BUILDING	E CONSTRUCTION	(XS) DATE SURVEY COMPLETED	
		09G145	B. WING		07/02/2008	
	ROVIDER OR SUPPLIER	٠.	49-	ET ADDRESS, CITY, STATE, ZIP CODE 10 ARKANSAS AVENUE, NW ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACK DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP) DEFICIENCY)	NULD BE COMPLET	
W 189	The finding include	s:	W 189			
W 227	implementation of d language recomme 483.440(c)(4) INDI	led to demonstrate skills in the client #3's speech and endations, (See W249) VIDUAL PROGRAM PLAN	W 227	W227	8/8/08	8 -
	objectives necessal as identified by the required by paragram of the facility of individual program objectives necessal for one of three clies. The finding include or encourage to vestign language or to the finding interviewere the find			The QMRP will in-service direct care staff on recommendations outline in client #3's speech and language assessment by 8/8/08. The QMRP will also visit client # 3's day prograt and produce an observation report on his use of device to the administration by 8/8/08. In addition, the QMRP will have a Speech training inservice conducted by Speech therapist to direct care staff client #3's communication system so that he is able to benefit from his training program at his residence as well as day program. The QMRP will ensure that Client #3's IPP will be modified to include objective addressing the client's other assessed communication needs outlined in his assessment by 8/8/08.	om o s h on 8/8/08	8

To: Stacy Thompson Page 10 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:52 FAX 2024429450

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DEPARTMENT OF HEALTH AND HUMAN SERVICES	·
CENTERS FOR MEDICARE & MEDICAID SERVICES	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		Ι' -	(X2) MÜLTIPLE CONSTRUCTION A BUILDING			RVEY NED		
	:		09 G145	B. Win	1G _		07/02	!/2008
NAME OF P	ROVIDER OR SU	PPÜER				EET ADDRESS, CITY, STATE, ZIP CODE DID ARKANSAS AVENUE, NW		
MARJUL	HOMES					/ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEI	FICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 227	Continued F was doing w was being its questioned a implemented unable to red The day pro- indicated the communicate the client was re- language se- comprehence Client #3's s 26, 2007 wa AM. The as following: (a) gestures, an Device (to the communicate on effective and the SLP the group he progress (in- level, etc); (c) and the picture should make device for pi	rom pa rell with suight to as to the distribution pro- ed the li- quest wand where eported selections; de the li- sessme continued the li- use of or des- continued the li- use of continued the li- continued the li- distributions; (It- use of continued the li- continued the li- cont	the device and that the client make request. When a specific training program day program, the QMRP was details of the program. The staff reported that the mad an active gram. The staff reported that the mad an active gram. The staff reported that the mad an active gram. The staff reported that the wanted a snack. The to be involved with sign and according to staff he meaning of some signs. The staff reported that the wanted a snack. The to be involved with sign and according to staff he meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of some signs. The wanted a snack is the meaning of staff he meaning of some signs. The wanted a snack is the wanted as snack is the meaning of some signs. The wanted as snack is the wanted as snack is the wanted as snack is the meaning of snack is the wanted as sna	W:				•
	The picture pictures; (d) to support at assisting him activating the communical training on a	screen resider nd facil n with o e devic ition; (e)	should be reduces to 2-3 ntial providers should continue Itate his use of the device by harging, setting up, and e for functional should receive support o ,use photographs-symbols to t communications system; and					,

To: Stacy Thompson Page 11 of 20

2008-07-28 18:29:32 (GMT)

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07/23/2008 01:52 FAX 2024429430

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		AND HUMAN SERVICES & MEDICAID SERVICES			,	FORM): 07/23/2008 APPROVED : 0938-0391
	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIËR/CLIA IDENTIFICATION NUMBER:	1 '	(ULTIF	PLE CONSTRUCTION	(X3) DATE S COMPL	URVEY
- <u></u> -		09G14 5	B. WI	и в	· · · · · · · · · · · · · · · · · · ·	07/0	2/2008
MARJUL	ROVIDER OR SUPPLIER HOMES			49	EET ADDRESS, CITY, STATE, ZIP CODE 110 ARKANSAS AVENUE, NW ASHINGTON, DC 20012	_	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION;	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	UDBE	(XS) COMPLETION DATE
W 227	(f) residential staff s scrapbook with pict	should provide client with a ures of family, friends It familiar locations during	W	227			
W 249	reviewed on July 1, objective that the classificate his falled to include objective assessed con in his assessment.	al program plan (IPP), 2008 at 3:40 PM, revealed an ient would pick up a picture of a desire to travel. The IPP ectives to address the client's amunication needs as outline					
	As soon as the inter- formulated a client's each client must rec- treatment program of Interventions and se- and frequency to su	GRAM IMPLEMENTATION disciplinary team has individual program plan, selve a continuous active consisting of needed ervices in sufficient number pport the achievement of the in the individual program	W :	249			
	Based on observation review, the facility faculty facu	not met as evidenced by: on, staff interviews and record illed to ensure that clients opportunities for continuous occordance with their lians (IPPs).					,
	The findings include					ı	
	 There was no evistaff continue the da training program as 	dence that the residential y program's communication evidenced below:					
	Upon the client #3's	arrival to the facility from his					' I

To: Stady Thompson Page 12 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:53 FAX 2024429430

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DEPARTMENT OF HEALTH AND HUMAN SERVICE	CES
CENTERS FOR MEDICARE & MEDICALD SERVICE	ES.

STATEMENT AND PLAN (r of deficien of correction	CIE6 In	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OX2) MULT A. BUILDIN	PLE CONSTRUCTION :	(XS) DATÉ SUF COMPLET	
	· .		09G145	B. WING_	····	07/02/	/2008
	ROMDER OR	SUPPLIER		1 4	REET ADDRESS, CITY, STATE, ZIP CODE 1910 ARKANSAS AVENUE, NW NASHINGTON, DC 20012		
(X4) ID PRÉFIX TAG	[EACH I	DEPICIENC'	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REPERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 249	day progra observed (Mercury) Mercury b socket. Ti encourage encourage verbal con The Qualif	am on Ju to carry a The stell y pluggin he client ed to use to by state munication	ne 30 2008, the client was a communicative device if was observed to charge the gifthe unit into the electrical was not observed or the Mercury. He was also not if to make any attempts to use ions or sign language.	W 249	W 249 1. The QMRP will have a		8/8/08
	revealed to use of the as "too contract the day was being questioned implement unable to indicated to communicate the client was language a compreher there was provided to program the day of the compreher than the client was language and the compreher than the client was language. 2. According plan, review	mat the family program well with taught to the ed by the ed by the ed by the ed the equest wand when reported sessions, anded the ed th	ed on July 1, 2006 at 3:50 PM, cellity was not encouraging the because it had been assessed it." The QMRP stated however in had indicated that client #3 the device and that the client is make request. When e specific training program day program, the QMRP was details of the program. It is the device and lient had an active gram. The staff reported that Mercury communication then he needed to use the in he wanted a snack. The to be involved with sign and according to staff he meaning of some signs. Ince that the residence ed an active communication and the Mercury and/or sign and \$3's individual program uly 2, 2008 at 10:00 AM, the live to operate a small CD		Speech training in-service conducted by Speech therap to direct care staff on client #3's communication system that he is able to benefit from his training program at his residence as well as day program by 8/8/08. QMRP will also produce monthly reports on client#3 training program as well as staff documentation of implementation of his program to the administration every 3 days. 2. QMRP will retrain staff or proper implementation of Client #3's goal to play mus of his choice during leisure time to include proper active treatment requirements and engagements of activities to include operations of all CD players in the facility	am 30	8/8/08

To: Staty Thompson Page 13 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:53 FAX 2024429430

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DEPARTMENT	OF HEALTH AND	HUMAN SERVICES
CENTERS FOR	MÉDICARE & ME	DICKID SEDVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S COMPLE	
	<u></u>	09G145	B. WI	√ G_		07/0	2/2008
	ROVIDER OR SUPPLIER . HOMES			48	EET ADDRESS, CITY, STATE, ZIP CODE 210 ARKANSAS AVENUE, NW (ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	VLD BE	(¥5) COMPLETION DATE
W 249	time. A walk throug a small CD player.	of his choice during leisure gh of the facility failed evidence During interview with QMRP	w:	249			
	dient #3 used the li- in the dining room. seated in the living appeared not intere	E50 PM, she indicated that arge player that was observed Although the client was room with the TV on, he ested in watching TV. There the staff to encourage the CD player.					
W 255	4:30 PM indicated to but "doesn't listen to	nterviewed on June 1, 2008 at that client #3 enjoyed dancing o music at the facility," OGRAM MONITORING &	w	≥ 55			
	teast by the qualifier professional and rebut not limited to sit successfully complete.	ram plan must be reviewed at d mental retardation vised as necessary, including, uations in which the client has eted an objective or objectives vidual program plan.			W 255 The QMRP will make modifications to client #2's objective and in-service direcare staff on modifications b 8/8/08.	ct Py	8/8/08
	Based on interview facility and review or plan (IPP) and docuted facility failed to ensure the state of the s	s not met as evidenced by: with the direct care staff at the f client's individual program imentation of progress, the ure that objective criterions wad by clients [#2] had been		·			
	The finding includes	x					
	conducted on July 1 the objectives read	s program data was , 2008 at 3;04 PM. One of "will exchange the correct ins for a quarter with one					

To: Stary Thompson Page 14 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

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07/23/2008 01:53 FAX 2024429430

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PRINTED: 07/23/2008	
FORM APPROVED	
DMP NO 0938-0394	

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		LE CONSTRUCTION	(X3) DATE SU COMPLET	RVEY TED
			A. BUI				
		09Q145	B. Win	1G		07/02	2/2008
NAME OF P	ROVIDER OR SUPPLIER	•		49	ET ADDRESS, CITY, STATE, ZIP COOE IO ARKANSAS AVENUE, NW ASHINGTON, DC 20012		=
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRICE OF THE APPROPRIES OF THE	JLD BE	(XE) COMPLETION DATE
W 255	Continued:From pa	age 9	w:	255			
!·	revealed that client June 2008 at 100%	ach step". The documentation t#2 performed February 2008 - 6 prompts as indicated in the					
	¹ Oct 2007, client #2	flected that September 2007 - performed at 100% supervision which was rion level.					
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To: Stacy Thompson Page 15 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:54 FAX 2024429430

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PRINTED: 07/23/2008 FORM APPROVED

	TEMENT OF DEFICIENCIES PLAN DF CORRECTION (X1) FROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	:	HFD03-0008		B. WING_		07/02/2008
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE	
MARJUL	MARJUL HOMES 4910 ARI WASHING			Cansas avi	ENUE, NW 0012	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY	ULD BE COMPLETE
1 000	INITIAL COMMENT	ey was conducted fro	m June	1000	Λ • .	
	30 through July 3, 2	008. A random sam	ple of		Received	8/1/04
	three clients was selected from a residential population of six males. One client in the sample had a diagnosis of moderate mental retardation, one had mild mental retardation, and the third client was diagnosed with severe mental retardation. A fourth client was added as a focus in the area of client protection.				GOVERNMENT OF THE DI DEPARTMENT HEALTH REGULATION 825 NORTH CAPITOL ST WASHINGTON,	STRICT OF COLUMBIA OF HEALTH ADMINISTRATION
1 229	The findings of this survey were based on observations at the residence and day program, staff interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports and policies.				· · · · · · · · · · · · · · · · · · ·	
	(f) Specialty areas reresidents to be serv	am shall include, but ing: elated to the GHMRI ed including, but not	and the	1 229	The GHMRP has revisited its staff training policies and structural changes within the	
	recreation, total con technologies; This Statute Is not a	ment, sexuality, nut nimunications, and as	sistive		organization to ensure that all staff at the facility receives initial orientation training on specialty areas to include behavior management,	
	Based on interview with the Qualified Mental Retardation Professional the GHRMP failed to train in Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and				sexuality, nutrition, recreation total communications, and assistive technologies relevan to client needs on 8/08/08.	
	assistive technologic The findings include	es;	. –			

LABORATORY DRICTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TO OF CAM

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To: Steey Thompson Page 15 of 20

2008-07-28 18:29:32 (GMT)

07/23/2008 01:54 FAX 2024429430

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From: Julia B Towson

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TATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:				(X3) DATE (COMPL		
	HFD03-0008				07/0	2/2008
IAME OF P	ROVIDER ÖR SUPPLIER	{ - ·	TREET ADDRESS, CITY		, <u></u>	
MARJUL	HOMES		910 ARKANSAS AV (ASHINGTON, DC.)	/ENUE, NYV 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL LSC IDENTIFYING INFORMATIO	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETI DATE
1 229	Continued From pa	age 1	1 229			i
	was requested to I training after the si	ital Retardation Professio ocated documentation of urveyor attempted to look	f staff k for	a) Behavior manageme	ent	8/8/08
	The QMRP stated that she was unable evidenced that the provided the follow staff within the annual Behavioral Manindividuals have be receive psychotrop b) There was no ditrelning in sexuality	agement - Each of the s havioral support plans a	care ix nd	by 8/8/08 at this fact address BSP's on significant individuals who also receive psychotropic medications. b) Training on sexuality total communication recreation will be provided to direct castaff by the administ by 8/8/08.	ility to k c y s and	8/8/08
1 379	3519.10 EMERGE		1 379			
	each GHMRP shall Health. Health Faci unusual incident or interferes with a re- arrangement, well to places the resident be made by telephor followed up by written	eporting requirement in 3 inoutly the Department of Inoutly the Department of Inoutly the Department of Inoutly the Department of Inoutly in the Inoutly in Inoutly In	f er y living , shall ull be	The QMRP was retraine 8/4/08 on reporting proc by telephone and by wri notification within (24) to the Department of He Facilities Division of an unusual incident or even which substantially inter	cedures tten hours alth y other t feres	8/5/08
	Based on interview report, the GHMRP Department of Hea an unusual incident	met as evidenced by: and the review of invest failed to notify the lth, Health Facilities Divis which substantially inter ealth, welfare, and well t	sion of	with a resident's health, welfare, living arrangem well being or in any othe that places the resident a	ent, T way	

To: Stacy Thompson Page 17 of 20

2008-07-28 18:29:32 (GMT)

07/23/2008 01:34 FAX 2024429430

HRA

From: Julia B Towson

Ø 016

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
	:	HFD03-0008		B. WING			07/0	2/2008	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	STREET AD	ORESS CITY.	STATE, ZIP CODE			-2.2000	
				Cansas av Ston, DC 2					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORE	R'S PLAN OF COI RECTIVE ACTION RENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
1 379	Continued From page 2			1379	-				
	not made by teleph followed up by writt	dent at risk. Notificat one immediately and an notification within	was not						
		urs or the next work	day.						
	The findings include: In February 2008, client #4 could not be located while out in the community with his day program group. The client was located after a "twelve" hour search involving the police and was located unharmed. It was determined that the incident had not been reported to the state agency at the time of this survey.			·					
. I 422	3521.3 HABILITAT	ION AND TRAINING	ļ	1422					
	and assistance to re	provide habilitation, esidents in accordan vidual Habilitation Pla	ce with					-	
	Based on observati review, the GHMRF training and assista	met as evidenced by on, staff interviews a failed to provide hal nce to residents in e resident 's individu	nd record bilitation,		·				
	The findings include	a ;					-		
		ence that the resident ogram's communicat evidenced below:							
	day program on Jur observed to carry a (Mercury). The staff	arrival to the facility ne 30 2008, the client communicative devi- f was observed to chi the unit into the ele-	t was ce arge the						

To: Stacy Thompson Page 18 of 20

2008-07-28 18:29:32 (GMT)

07/23/2008 01:55 FAX 2024429430

HRA

2017

From: Julia B Towson

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER: HFD03-0008			(X2) MULTIF A. BUILDING B. WING		(X3) DATE (COMPL		
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	RESS, CITY, S	TATE. ZIP CODE	_ <u> </u>	
MARJUL	HOMES			ANSAS AVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1422	Continued From pa	.ge 3		1422	· · · · · · · · · · · · · · · · · · ·		
	socket. The client encouraged to use encouraged by staf	was not observed or the Mercury. He wa I to make any attemp lons or sign language	s also not				
	who was interviewerevealed that the fause of the Mercury assessed as "too created however that indicated that client device and that the make request. Whispecific training proprogram, the QMR details of the program simulicated that the client used the I device to request whathroom and where client was reported.	taff were interviewed lent had an active gram. The staff repower on the communication he needed to us he wanted a snack, to be involved with s	3:50 PM, aging the ARP of the Gay II the and orted that Ilon e the Inc.		The QMRP will have a Sparaining in-service conduction by Speech therapist to direct staff on client #3's communication system so the is able to benefit from training program at his residence as well as day program by 8/8/08. QMRP will also produce monthly reports on client training program as well a staff documentation of implementation of his proto the administration ever days.	ted ect that his # 3 as	8/8/08
	There was no evide provided or continue program that involve language. 2. According to clie plan reviewed on Juclient had an object small CD player to plaisure time with gesmall CD player was	and according to sta meaning of some sig ence that the residence at an active communi- ed the Mercury and/o int #3's individual pro- ity 2, 2008 at 10:00 A ive that read "Will op- play music of his cho- es. 3 x ' x week Mon- s observed in the fact h QMRP one July 1,	gns. ce nication or sign gram M, the erate a ice during -Sat." No		2. QMRP will retrain staf proper implementation of Client #3's goal to play mof his choice during leisur time to include proper act treatment requirements are engagements of activities include operations of all players in the facility	nusic re tive ad to	8/8/08

To: Stacy Thompson Page 19 of 20

2008-07-28 18:29:32 (GMT)

07/23/2008 01:55 PAX 2024429430

From: Julia B Towson

HRA

21018

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		A BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		JRVEY TED	
		HFD03-0008		B. WING_	· · · · · · · · · · · · · · · · · · ·	07/02	2/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
MARJUL	MARJUL HOMES . 4910 A WASHI				NUE, NW 012		
(X4) ID PREFIX TAG	PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE DATE
1422	Continued From pa	ge 4		1422			
White is the control of the Manager	large player in the d The client was not a larger CD during the	encouraged to use e e periods that he was	ven the				1 <u>544 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</u>
	observed seated in with the TV on that One staff interviewe	the living room unoche did not attend to. ad on June 1, 2008 a #3 enjoyed dancing	cupied				,
l 424	Each GHMRP shall resident 's program or when the client: (a) Has successfully	ATION AND TRAINII make modifications that least every six (6) y completed an object in the Individual Hai	to the i) months	1 424	The QMRP will make modifications to client #2's objective and in-service direct care staff on modifications by 8/8/08.		8/8/08
	Based on interview facility and review or plan (IPP) and docu GHMRP falled to make resident 's program	met as evidenced by with the direct care so folient's individual planentation of progresake modifications to when the client had sted an objective ideatation Plan;	etaff at the rogram ss the the				
	The findings include Review of client #2	's program deta was			•		
tesiih Recui	the objectives read number of mixed co single prompt at eac revealed that client	, 2008 at 3:04 PM. I "Will exchange the coins for a quarter with this step". The docum #2 performed Februa prompts as indicate	orrect one priation erv 2008 -				

To: Stacy Thompson Page 20 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:55 FAX 2024429430

HRA

2019

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLVA IDENTIFICATION NUMBER: HFD03-0008			(X2) MULTI A. BUILDIN B. WING		(X3) DATE S COMPL	
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE	9770	
MARJUL	HOMES			Kansas avi Ston, DC 2			·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
1424	The data further res Oct 2008 client #2	lected that September performed at 100% supervision which wa		1424			
1 442	The habilitation and GHMRP shall include be limited to, the following actime, scheduling actime, scheduling actime, scheduling actime, scheduling activities); (in) Finantial budgeting and bank. The findings include The Interdisciplinary financial objective following to handle his potential of the potential of the market in the finding to handle his potential of the potential of the finding to handle his potential of the finding of the findi	TION AND TRAINING training of residents da, when appropriate downing areas: ent (including use of lativities); met as evidenced by so with the Qualified Maional and record revictude, time management (includ).	by the but not elisure ental ew, the nent eliuding lish a sim in a to he client ng ent idence	1 442	The QMRP was retratime management, solactivities, financial management for resid 8/5/08. The interdisciplinary on 8/5/08 to establish financial objective for #3.	heduling tents on team met a	8/5/08 8/5/08
ealth Peans	·						